

of health disparities far greater than other nations in the industrialized world. We know statistically that racial and ethnic minorities suffer disproportionately from poor health and die prematurely. More than 30 years after the national embarrassment of Tuskegee Syphilis Experience, our people are still being denied access to the best medical system in the world.

This trend recently played out in my home State in Maryland in an incident that I still find difficult to comprehend. In February, a 12-year-old African American boy named Deamonte Driver died when an untreated tooth infection spread to his brain. A routine dental checkup costing about \$40 might have saved his life. But Deamonte was poor and homeless, and he did not have access to a dentist.

Deamonte's case was rare and extreme, but he is by no means alone in his suffering. The Centers for Disease Control and Prevention report that dental disease is the single-most chronic childhood disease in this country. It chills the conscience to think of how one young boy's life was cut short by the failure of our health care system, and millions of others continue to suffer.

We have a moral obligation in the memory of Deamonte to fix this problem now. This is why I have consistently advocated for a strong SCHIP bill that expands coverage to 6 million of our Nation's poorest children and guarantees them dental coverage.

I was discouraged to see that the first version of the bill from the Senate Finance Committee included only \$35 million in additional funding and did not include mandatory dental benefit. As a Washington Post editorial board recently noted, memories are sometimes short here in Washington. I realize the current budgetary constraints make this process all the more contentious; however, these are times that require decisive leadership. I am hopeful that in the House we will be able to find funding to expand the program by \$50 million while working with our Senate colleagues to negotiate a strong bill.

I urge all of my colleagues to support this vitally important legislation.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Mrs. MCCARTHY) is recognized for 5 minutes.

(Mrs. MCCARTHY of New York addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gen-

tleman from Florida (Mr. BILIRAKIS) is recognized for 5 minutes.

(Mr. BILIRAKIS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

COMMIT TO FULLY FUND RESEARCH

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. LEE) is recognized for 5 minutes.

Ms. LEE. Mr. Speaker, tonight I rise to address the continuing tragedy of racial and ethnic disparities in America. I want to commend my colleague, the gentlelady from Ohio, a member of the Ways and Means Committee, Congresswoman STEPHANIE TUBBS JONES, and my colleague, our great Chair of the Congressional Black Caucus, Congresswoman CAROLYN KILPATRICK, for tonight calling us all together later in a Special Order.

I would like to talk just very briefly in support of the efforts of my colleagues in the Congressional Black Caucus to highlight health care as a central and important policy issue in the 110th Congress and to call for an end to racial and ethnic health disparities.

We must no longer turn a blind eye to the continuing pattern of racial bias in the delivery of health care in America. The fact is that if you are a person of color, are poor or speak a different language and walk into a hospital in need of care, you are less likely to be diagnosed correctly, less likely to receive the accepted standard of care and less likely to walk out. It is a death sentence for millions of Americans.

It is appalling that our Nation cannot commit the resources necessary to eliminate once and for all the devastating impact of unequal health care delivery in America. We must root out the causes of the continuing discrimination against racial and ethnic minorities in our health care system.

We must increase the diversity in the professional health care provider workforce. Health care must be delivered in a culturally and linguistically appropriate way without having to turn to intermediaries or family members to relay private information, health information. Funding research into the reasons for the different rates of disease incidence and minority populations must be a national priority.

While Latinos and African Americans make up over 25 percent of the U.S. population, they account for more than 67 percent of newly reported AIDS cases. Diseases that primarily impact communities of color continue to be neglected. We must commit to providing access to comprehensive preventive care, educational outreach, health screenings and follow-up consultation for at-risk populations.

Our health care system is broken. Health care should be a right, not a privilege. We spend more money on health care than any other Nation in

the world; yet the United States ranks 23rd, 23rd in infant mortality among industrialized nations. We ranked 67th in immunization rates overall, right behind Botswana. We were first in life expectancy in 1945, and now we rank 20th behind nations like Canada, Britain, France and Cuba.

In the 1960s, I lived in Great Britain, and I was exposed to the assurance that the British public had in their access to quality health care with the British national health service. We in America can do better. We must do better. We can ensure that every person in America be treated equally, given a fair and thorough diagnosis and be treated with the most up-to-date treatments that are available. We must remember that an ounce of prevention is worth a pound of cure.

In any hospital on any given day or night, in communities with large numbers of people of color and African Americans, the poor, you will witness this terrible health care crisis firsthand. Just go to an emergency room and see who needs medical attention, emergency or not.

It's about time that we invest resources to close these deadly, and that's what they are, they are deadly disparities. We need to enact universal health care for all.

America is the wealthiest industrialized country in the world. It is a shame and disgrace that over 47 million have no health insurance and that such a large percentage are African Americans, Latinos and Asian Pacific Americans.

What is wrong with this picture? I just want to commend, again, Congresswoman TUBBS JONES and the Congressional Black Caucus; and also our Tri-Caucus, Congressional Hispanic Caucus and Asian Pacific American Caucus for insisting, and I mean insisting, that this House of Representatives begin to focus on closing these deadly health care disparities among communities of color.

□ 1945

SERGEANT KEITH KLINE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

Ms. KAPTUR. Mr. Speaker, I rise tonight to commemorate the life of Sergeant Keith Allen Kline, born and raised in Oak Harbor, Ohio.

Sergeant Kline was serving his second tour of duty when he was mortally wounded while on patrol in Baghdad on July 5, 2007, the day after the 4th of July, his favorite holiday. Today, Sergeant Kline was laid to rest following a fitting and moving ceremony at his alma mater Oak Harbor High School. Through my words this evening, America honors his memory and comforts his family. After the ceremony today, he was laid to rest at Oak Harbor's Union Cemetery.